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By: Nancy Pizzo
NANCY PIZZO



#9/elec
C+
PATENT

Atty. Docket No. 022001-002700US

Customer No. 20350

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

WANG et al.

Application No.: 10/051,796

Filed: January 16, 2002

For: MINIMALLY INVASIVE SURGICAL
TRAINING USING ROBOTICS AND
TELE-COLLABORATION

Examiner: MULCAHY, John M.

Art Unit: 3739

**RESPONSE TO RESTRICTION
REQUIREMENT**

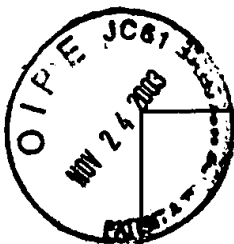
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In response to the Restriction Requirement of October 21, 2003, Applicant's elect to prosecute claims 1, 3, 6-11, 13, 16-21, and 35 of Species B, employing visual feedback. Claims to the non-elected species will be deleted if a generic claim is not found to be allowable once the application is otherwise in condition for allowance.

A current listing of pending claims starts on page 2 of this document.



3739

PTO/SB/21 (08-03)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/051,796
	Filing Date	January 16, 2002
	First Named Inventor	WANG, YULUN
	Art Unit	3739
	Examiner Name	MULCAHY, John M.
Total Number of Pages in This Submission	Attorney Docket Number	022001-002700US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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Signature	
Date	11/21/2003

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Signature		Date	11/21/2003